| | · · | | ₹ 4 | r | | | |
|--|---|--|---|---|---|--|--|
| Complete and send | this form, together w | | - | TRANSMITTAL <u>Mail</u> Mail Stop ISSUI Commissioner fo | E FEE or Patents | | |
| comprise and send this form, together with applicable lee(s), t | | | | P.O. Box 1450 Alexandria, Virg | | | |
| INSTRUCTIONS: The for appropriate. All further confidence of the c | rm should be used for tran rrespondence including the below or directed otherwise | smitting the ISSU Patent, advance or in Block I, by (a | E FEE and P ders and notif) specifying a | Fax (571)-273-2885 UBLICATION FEE (if requirection of maintenance fees new correspondence address | uired). Blocks 1 through 5 will be mailed to the curren s; and/or (b) indicating a sep | should be completed where t correspondence address as parate "FEE ADDRESS" for | |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) | | | | Fee(s) Transmittal. The papers, Each addition | Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | |
| BUCHANAN INGERSOLL PC (INCLUDING BURNS, DOANE, SWECKER & MATHIS) POST OFFICE BOX 1404 | | | | I hereby certify that t States Postal Service addressed to the Ma | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
| ALEXANDRIA, VA 22313-1404 | | | | | | (Depositor's name) | |
| | | | | | | (Signature) | |
| | | | : | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED | INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/632,952 08/04/2003 | | | Yasushi K | inoshita | 029650-143 | 4467 | |
| TITLE OF INVENTION: F | SMALL ENTITY | ISSUE FI | BE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | | \$300 | \$1700 | 06/20/2006 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | 7 | | |
| MIGGINS, MICHAEL C | | 1772 | 1772 428-035700 | | J | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. BUCHANAN INGERSOLL P(INCLUDING ATTORNEY) FROM BURNS DOANE SWECKER & MATHIS) 3 | | | | |
| | D RESIDENCE DATA TO E | | | | | | |
| PLEASE NOTE: Unles recordation as set forth i | s an assignee is identified b n 37 CFR 3.11. Completion | elow, no assignee of this form is NO | data will appe Г a substitute f | ar on the patent. If an assig or filing an assignment. | nee is identified below, the | document has been filed for | |
| (A) NAME OF ASSIGNEE | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | |
| TERUMO KABUSHIKI KAISHA | | | SHIBUYA-KU, TOKYO, JAPAN | | | | |
| Please check the appropriat | e assignee category or catego | ories (will not be pr | inted on the pa | ntent): 🗖 Individual 🚨 (| Corporation or other private g | roup entity Government | |
| 4a. The following fee(s) are enclosed: \[\begin{align*} \text{\text{\text{\text{\text{\text{\text{\text{e}}}}}}} & \text{issue Fee} \] | | 4b | Bb. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. | | | | |

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies

A Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Matthew L. Schneider Typed or printed name

06/22/2006 MBEYENEZ 00000016 18632952 c 20, 200 b 01 FC:1501 Reg 82 a 1504 32,814

1400.00 OP 300.00 OP

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.